

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★	★
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/							
2		/						
3		/						
4		/						
5		/						
6		/						
7		/						
8		/						
9		/						
10		/						
11		/						
12		/						
13		/						
14		/						
15		/						
16		/						
17		/						
18		/						
19		/						
20		/						
21		/						
22		/						
23		/						
24		/						
25		/						
26		/						
27		/						
28		/						
29		/						
30		/						
31		/						
32		/						
33		/						
34		/						
35		/						
36		/						
37		/						
38		/						
39		/						
40		/						
41		/						
42		/						
43		/						
44		/						
45		/						
46		/						
47		/						
48		/						
49		/						
50		/						
51		/						
52		/						
53		/						
54		/						
55		/						
56		/						
57		/						
58		/						
59		/						
60		/						
61		/						
62		/						
63		/						
64		/						
65		/						
66		/						
67		/						
68		/						
69		/						
70		/						
71		/						
72		/						
73		/						
74		/						
75		/						
76		/						
77		/						
78		/						
79		/						
80		/						
81		/						
82		/						
83		/						
84		/						
85		/						
86		/						
87		/						
88		/						
89		/						
90		/						
91		/						
92		/						
93		/						
94		/						
95		/						
96		/						
97		/						
98		/						
99		/						
100		/						
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS